PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10799967

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		7			OR 7			
TOTAL CLAIMS			W		·			RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			10 minus 20=		• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			✓ minus 3 =					X43=		OR	X86=	86	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		<u></u>			+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL		OR	TOTAL	856	
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	,	(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT. FEE		
	• .	(Column 1)		(Colun	nn 2)	(Column 3)		NDDIT. FEE	···	•	·		
AMENDMENT B		CLAIMS REMAINING		HIGHI	EST		lr		ADDI-		. '	ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	-	
ME	Independent	*	Minus	***		=] [X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		┚┞	+145=		•	+290=	· · · · · · · · · · · · · · · · · · ·	
							L	TOTAL	·	OR	TOTAL	•	
								DDIT. FEE		OR ,	ADDIT. FEE	• • •	
		(Column 1) CLAIMS		(Colum		(Column 3)	1 _		· .				
AMENDMENT C	·	REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
		mber Previously Paid liber Previously Paid					r foun	id in the app	ropriate box	in coli	ımn 1.		